

AMA Impairment Rating

Patient: Darren Mickell

Date: 03/31/14

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Net Adjustment: -1
 (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)

*Adjusted Grade B =
 (Pg. 570, Table 17-4)

= 1% impairment of the whole person
 (Pg. 570, Table 17-4)

Left Shoulder Posterior Joint Capsule Tear
With Acromioclavicular Joint Separation
Status Post Distal Clavicle Resection

Class Diagnosis (CDX): 1
 (Pg. 403, Table 15-5)

Grade Modified Adjustments:

GMFH: 2
 (Pg. 406, Table 15-7)

GMPE: 1
 (Pg. 408, Table 15-8)

GMCS: 2
 (Pg. 410, Table 15-9)

Net Adjustment: +2
 (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)

*Adjusted Grade E =
 (Pg. 403, Table 15-5)

= 12% impairment of the upper extremity
 (Pg. 403, Table 15-5)

*A = -2
 B = -1
 C = 0
 D = +1
 E = ≥+2

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Using Table 15-11, Page 420, to Convert Upper Extremity Impairment to Whole Person Impairment:

= 12% impairment of the upper extremity

= 7% impairment of the whole person

Left Knee Medial Minscus Tear
Status Post Left Knee Arthroscopy

Class Diagnosis (CDX): 1
(Pg. 509, Table 16-3)

Grade Modified Adjustments:

GMFH 2
(Pg. 516, Table 16-6)

GMPE 0
(Pg. 517, Table 16-7)

GMCS 2
(Pg. 519, Table 16-8)

Net Adjustment: +1
(GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)

Adjusted Grade D =
(Pg. 509, Table 16-3)

= 2% impairment of the lower extremity
(Pg. 509, Table 16-3)

*A = -2
B = -1
C = 0
D = +1
E = ≥+2

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A1240

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Left Acetabular Tear
Moderate Hip OsteoarthritisClass Diagnosis (CDX): 1
(Pg. 513, Table 16-4)

Grade Modified Adjustments:

GMFH 1
(Pg. 516, Table 16-6)GMPE 0
(Pg. 517, Table 16-7)GMCS 2
(Pg. 519, Table 16-8)Net Adjustment: 0
(GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)Adjusted Grade C =
(Pg. 513, Table 16-4)= 2% impairment of the lower extremity
(Pg. 513, Table 16-4)

Left Knee = 2% Impairment of Lower Extremity

Left Acetabulum = 2% Impairment of Lower Extremity

Using Table 16-10 on Page 530 to Convert Lower Extremity Impairment to Whole Person Impairment:

= 4% impairment of the lower extremity

= 2% impairment of the whole person

*A = -2+
B = -1
C = 0
D = +1
E = 2+2

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Right Knee Medial MeniscectomyClass Diagnosis (CDX): 1
(Pg. 509, Table 16-3)

Grade Modified Adjustments:

GMFH 2
(Pg. 516, Table 16-6)GMPE 0
(Pg. 517, Table 16-7)GMCS 2
(Pg. 519, Table 16-8)Net Adjustment: +1
(GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)Adjusted Grade D =
(Pg. 513, Table 16-4)= 2% impairment of the lower extremity
(Pg. 513, Table 16-4)**Using Table 16-10 on Page 530 to Convert Lower Extremity Impairment to Whole Person Impairment:**

= 2% impairment of the lower extremity

= 1% impairment of the whole person

*A = -2 \geq
 B = -1
 C = 0
 D = +1
 E = \geq +2

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MICKELL-1126

A1242

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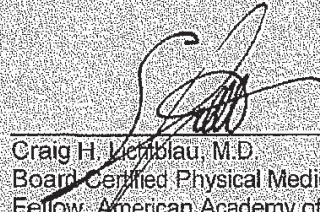
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Using the Combined Values Chart on Page 604:

Cervical disc	=	7% impairment of the whole person
Lumbar disc	=	1% impairment of the whole person
Right shoulder	=	7% impairment of the whole person
Left lower extremity	=	4% impairment of the whole person
Right knee	=	1% impairment of the whole person

= ***18% permanent partial impairment of the whole person**

*This does not include any impairment for depression (as a component of chronic pain) and any cognitive deficits as a result of multiple traumatic brain injuries, even though impairments exists.



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CHL/arl/may.14

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MICKELL-1127

A1243

Functional Assessment

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MICKELL-1128

A1244

Functional Assessment

Patient: Darren Mickell

Date: 03/31/14

Diagnoses:

1. Cervical and lumbar myofascial pain, secondary to multiple injuries sustained while playing for the National Football League from 1992 to 2001.
2. History of chronic headaches, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
3. Probable traumatic brain injuries with subsequent chronic posttraumatic headaches and cognitive deficits, secondary to injuries sustained from playing football for the National Football League from 1992 to 2001.
4. Bilateral shoulder myofascial pain, secondary to injuries sustained from playing football for the National Football League from 1992 to 2001.
5. History of bilateral knee myofascial pain, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
6. Left hip myofascial pain, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
7. History of bilateral joint effusions and signal changes within his patella cartilage and subchondral bone, consistent with patella chondromalacia, indicated on bilateral knee MRIs obtained on 08/19/91, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
8. Status post examination of his left knee under anesthesia with diagnostic arthroscopy, chondroplasty, and patellofemoral articulation, performed on 08/22/91 by Dr. Peter Indelicato, secondary to patellofemoral pain syndrome with probable severe degenerative changes of his patellofemoral articulation with recurrent effusions, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
9. History of anterior horn medial meniscus tear, indicated on MRI of his left knee obtained on 01/23/92, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
10. Status post left knee arthroscopy with arthroscopic plica excision, performed by Dr. Peter Indelicato and Dr. Richard Vlasak on 02/14/92, secondary to grade II/III chondromalacia of his patella with superomedial plica of his left knee, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
11. History of moderate thinning of his articular cartilage of the median ridge of his patella, indicated on MRI of his left knee obtained on 10/05/92, made symptomatic secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
12. History of pectoralis major and possible latissimus dorsi strain, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.

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Functional Assessment

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13. History of tubular accumulation of fluid in his subscapular fossa interposed between the posterior-superior surface of the subscapularis muscle and the scapula with multiple septations within the fluid with irregularity of his inferior glenoid labrum, indicated on MRI of his right shoulder obtained on 07/30/93, made symptomatic secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
14. History of a sprain to the anterior talofibular ligament of his left ankle, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
15. History of contusion with lumbosacral paraspinal muscle sprain of his right sacroiliac joint, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
16. History of an acute tear of his posterior joint capsule of his left shoulder joint associated with fluid extending from his joint into his adjacent soft tissue dorsal to the neck of his scapula with a tear of the posterior glenoid labrum with mild edema, posterior subluxation/dislocation of his humeral head with a large joint effusion identified within his glenohumeral joint, indicated on MRI of his left shoulder obtained on 10/11/95, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
17. History of a small effusion at his right hip joint with low grade chondromalacia affecting the posterior aspect of his joint, indicated on MRI of his right hip obtained on 09/08/00, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
18. History of changes at his acromioclavicular joint, consistent with an acromioclavicular separation, indicated on MRI of his left shoulder obtained on 10/31/00, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
19. Status post right shoulder arthroscopy, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.
20. Status post left shoulder arthroscopy, arthroscopic subacromial decompression with coracoacromial ligament resection, arthroscopic distal clavicle excision through anterior portal, anterior-posterior labral debridement, and anterior-superior labral repair, performed on 02/05/01 by Dr. David Chao, Dr. Paul Murphy, and Dr. Calvin Wong, secondary to his left shoulder impingement syndrome and left shoulder acromioclavicular joint arthrosis with osteolysis, secondary to injuries sustained while playing football for the National Football League from 1992 to 2001.

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